

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030 962

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				3		
11				3		
12				3		
13						
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17						
18						
19						
20						
21						
22				1		
23				1		
24				1		
25						
26				2		
27						
28				1		
29				1		
30				1		
31				1		
32			1			
33				1		
34						
35						
36						
37						
38				1		
39				1		
40				1		
41				1		
42				1		
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46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			32			
TOTAL CLAIMS			34			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS